Palliative Care Futurist:
Matching Care to Our Patient's Needs

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No Disclosures

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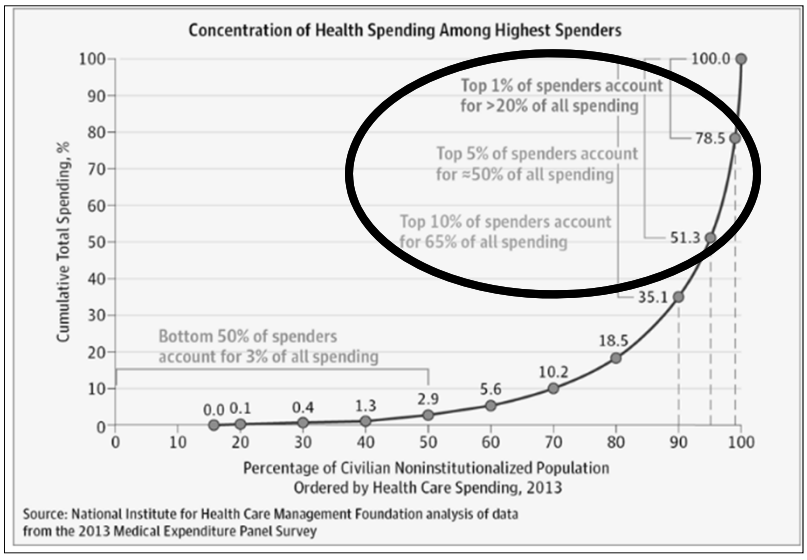
Objectives

➔The case for integrating palliative care into treatment of serious illness

➔What works to improve quality and subsequently reduce costs for vulnerable people?

Concentration of Risk/$



Value = Quality/Cost

Because of the Concentration of Risk and Spending, and the Impact of Palliative Care on Quality *and* Cost, its Principles and Practices are Central to Improving Value

Mr. B

- An 88 year old man with dementia admitted via the ED for management of back pain due to prostate cancer, spinal stenosis and arthritis.
- Pain is 8/10 on admission, for which he is taking 5 gm of acetaminophen/day.
- **Admitted 3 times in 2 months for pain (2x), falls, and altered mental status due to constipation.**
- His family (83 year old wife) is overwhelmed.

Mr. B:

- Mr. B: *"Don't take me to the hospital! Please!"*
- Mrs. B*: "He hates being in the hospital, but what could I do? The pain was terrible and I couldn't reach the doctor. I couldn't even move him myself, so I called the ambulance.* ***It was the only thing I could do.****"*

Modified from and with thanks to Dave Casarett

Before and After

Usual Care

- **4** calls to 911 in a 3 month period, leading to
- **4** ED visits and
- **3** hospitalizations, leading to
- Hospital acquired infection
- Functional decline
- Family distress

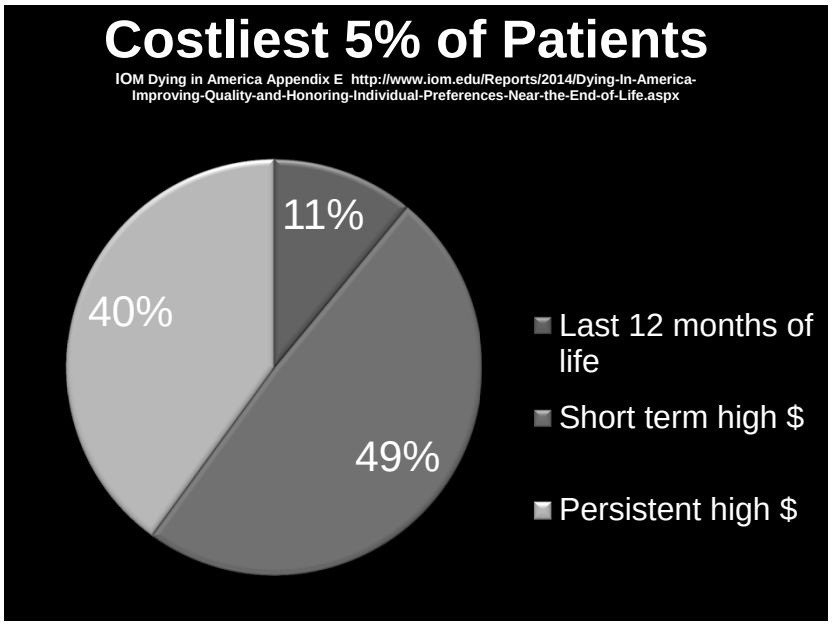
Palliative Care

- Housecalls referral
- Pain management
- 24/7 phone coverage
- Support for caregiver
- Meals on Wheels
- Friendly visitor program
- **No 911 calls, ED visits, or hospitalizations in last 18 months**

The Modern Death Ritual: The Emergency Department

Half of older Americans visited the ED in the last month of their life and 75% did so in their last 6 months of life.

Smith AK et al. Health Affairs 2012;31:1277-85.



Who are the costliest 2.5%?

➔Functional Limitation

➔Frailty

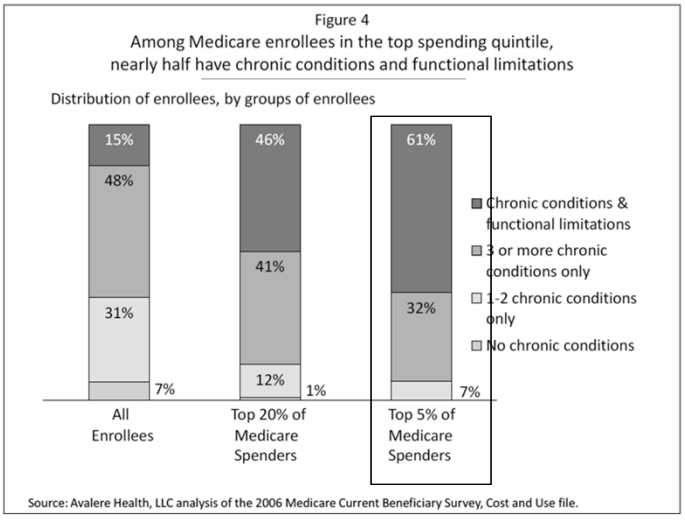
➔Dementia

➔Exhausted overwhelmed family caregivers

➔Social + behavioral health challenges

➔+/- Serious illness(es)

Functional Limitations as a Predictor of Risk



http://www.cahpf.org/docuserfiles/georgetown_trnsfrming_care.pdf

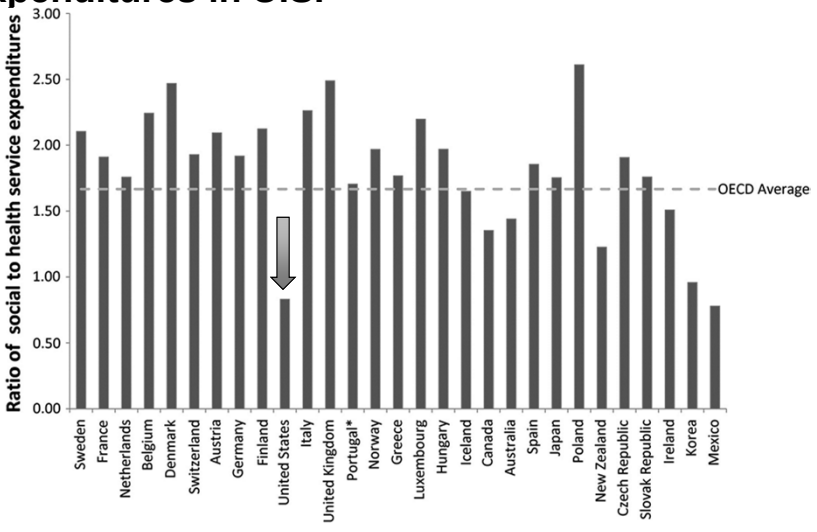
Dementia As a Predictor of Risk

Prospective Cohort of community dwelling older adults

	Dementia	No Dementia
Medicare SNF use	44.7%	11.4%
Medicaid NH use	21%	1.4%
Hospital use	76.2%	51.2%
Home health use	55.7%	27.3%
Transitions	**11.2**	**3.8**

Callahan et al. JAGS 2012;60:813-20.

Why? Low Ratio of Social to Health Service Expenditures in U.S.

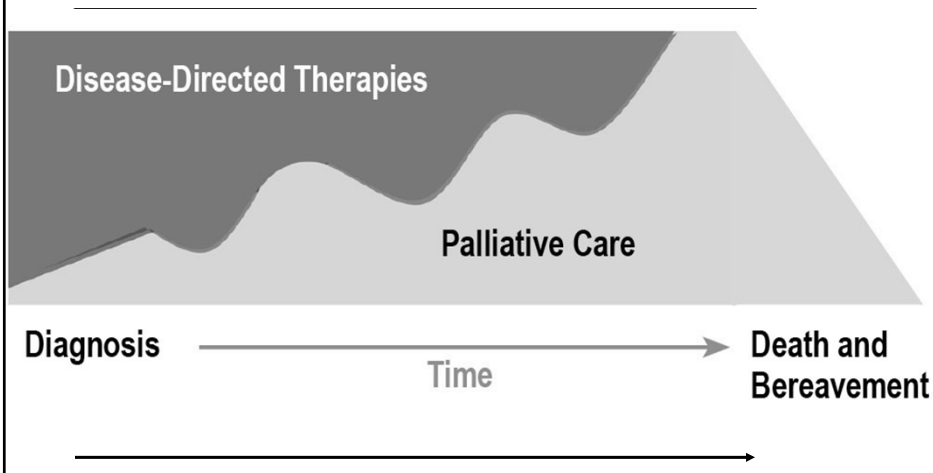


Bradley E H et al. BMJ Qual Saf 2011;20:826-831

What is Palliative Care?

- ➔ Specialized medical care for people with **serious illness** and their families
- ➔ Focused on **improving quality of life**. Addresses pain, symptoms, stress of serious illness.
- ➔ Provided by an interdisciplinary **team** that works with patients, families, and other health care professionals to provide **an added layer of support**.
- ➔ Appropriate at **any age, for any diagnosis, at any stage** in a serious illness, and provided **together with disease treatments**.

Conceptual Shift for Palliative Care



Palliative Care Improves Value

Quality improves

- Symptoms
- Quality of life
- Length of life
- Family satisfaction
- Family bereavement outcomes
- MD satisfaction

Costs reduced

- Hospital cost/day
- Use of hospital, ICU, ED
- 30 day readmissions
- Hospitality mortality
- Labs, imaging, pharmaceuticals

Palliative Care Improves Quality in Office Setting

Randomized trial simultaneous standard cancer care with palliative care co-management from diagnosis versus control group receiving standard cancer care only:

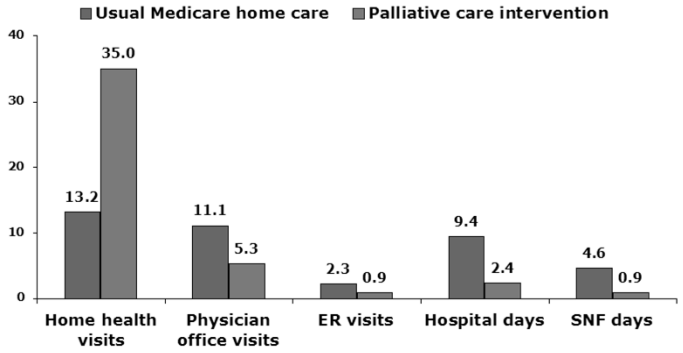
- **Improved quality of life**
- **Reduced major depression**
- **Reduced 'aggressiveness'** (less chemo < 14d before death, more likely to get hospice, less likely to be hospitalized in last month)
- ***Improved survival*** (11.6 mos. vs 8.9 mos., p<0.02)

Temel et al. Early palliative care for patients with non-small-cell lung cancer NEJM2010;363:733-42.

Palliative Care at Home for the Chronically Ill

Improves Quality, Markedly Reduces Cost

RCT of Service Use Among Heart Failure, Chronic Obstructive Pulmonary Disease, or Cancer Patients While Enrolled in a Home Palliative Care Intervention or Receiving Usual Home Care, 1999–2000



KP Study Brumley, R.D. et al. JAGS 2007

46 High Quality Studies 2002-11

Palliat Med 2014;28:130-50.

The 5 Key Characteristics of *Effective* Palliative Care

➔Target the highest risk people

➔Ask people what matters most to them

➔Support family and other caregivers

➔Expert pain/symptom management

➔24/7 access

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Goal Setting

➔Ask the person and family, “What is most important to you?”

What is most important?

Survey of Senior Center and Assisted Living subjects, n=357, dementia excluded, no data on function.

Asked to rank order *what's most important:*

1st Independence (76% rank it most important)

2nd Pain and symptom relief

3rd Staying alive

Fried et al. Arch Int Med 2011;171:1854

Families are Home Alone

- ➔ 40 billion hours unpaid care/yr by 42 million caregivers worth $450 billion/yr
- ➔ Providing "skilled" care
- ➔ Increased risk disease, death, bankruptcy

aarp.org/ppi

http://www.nextstepincare.org/

Families Need Help

➔Mobilizing long term services and supports in the community is key to helping people stay home and out of hospitals.

➔Predictors of success: 24/7 *meaningful* phone access; high-touch consistent personalized care relationships; focus on social & behavioral health; integrate social supports with medical services.

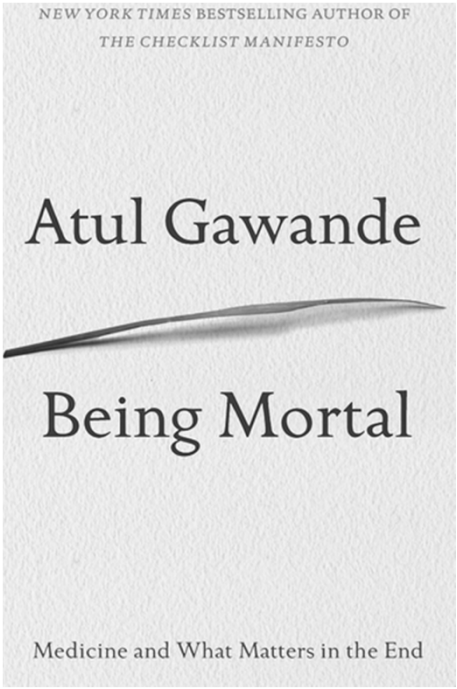
Pain and Symptoms

Disabling pain and other symptoms reduce independence and quality of life.

HRS- representative sample of 4703 community dwelling older adults 1994-2006

Pain of moderate or greater severity that is "often troubling" is reported by **46%** of older adults in their **last 4 months of life** and is worst among those with ***arthritis***.

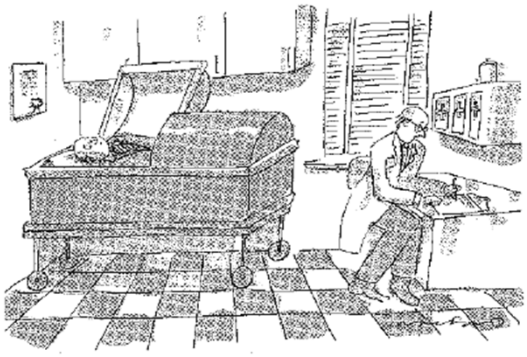
Smith AK et al. Ann Intern Med 2010;153:563-569



Atul Gawande's *Being Mortal: Medicine and What Matters in the End*

"I learned about a lot of things in medical school, but mortality wasn't one of them."

Page 1 Metropolitan Books, New York, 2014



THE FINALISTS

"Any stiffness?"
Ryan Scott Misener, Tampa, Fla.

"Sorry about the wait."
Bob Howard, Eugene, Ore.

"Any family history with death?"
Stephanie Nilva, New York City

NARRATIVE MATTERS

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

HealthAffairs

DOI: 10.1377/HLTHAFF.2013.0517

'I Don't Want Jenny To Think I'm Abandoning Her': Views On

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"I don't want Jenny to think I'm abandoning her."

➔Response to my question asking an oncologist what he hoped to accomplish through intrathecal chemotherapy for a patient with brain metastases from lung cancer.

Meier DE. Health Affairs 2014;33:895-8

Oncologist Offers Intrathecal Chemo (aka most important lesson of my career so far)

- ➔ Jenny asks what I think. I tell her I'll call the oncologist.
- ➔ I ask "I don't have much experience with this procedure. What are you hoping we can accomplish with it?"
- ➔ He says "It won't help her." Long pause.
- ➔ I ask "Do you want me to encourage her to go ahead with it?"
- ➔He says***, "I don't want Jenny to think I am abandoning her."***

Conclusion

➔Problem?

➔Lack of Training

➔Solution?

➔Training

In Loving Memory

"There's no easy way I can tell you this, so I'm sending you to someone who can."

Center to Advance Palliative Care™
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Online Clinical Curriculum For All Frontline Clinicians

- ➔ Clinical courses for *all disciplines and all specialties*
- ➔ Recognition strategies: **Designation** in Pain Management & Communication Skills
- ➔ CE Credits for MD, PA, RN, APRN, social work, case managers
- ➔ Case-based, interactive
- ➔ Compatible on computers, tablets and smartphones
- ➔ Comprehensive reporting on course completions

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CAPC Online Curriculum

Safe + Effective Pain Management						
Comprehensive Pain Assessment	Matching the Drug Class to the Pain	Patient Factors Influencing Prescribing	Assessing Risk of Substance Use Disorder	Opioid Trials: Design, Efficacy and Safety	Prescribing an Opioid	Prescribing Short-Acting Opioids: 4 Cases
Monitoring for Efficacy, Side Effects Substance Use Disorder	Converting from Short-Acting to Long-Acting Opioids	Opioid Conversions	Advanced Conversions and Opioid Side Effects	Special Populations and Patient-Controlled Analgesia	Managing Patients at Risk for Substance Use Disorder	Pain Management: Putting it All Together

Communication Skills				
Delivering Serious News	Discussing Prognosis	Clarifying Goals of Care	Advance Care Planning	Running a Family Meeting

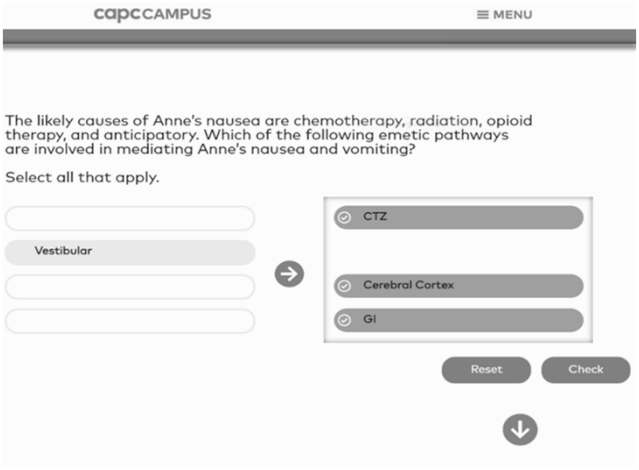
2016 Clinical Curriculum

Symptom Management				
Shortness of Breath	Constipation	Nausea & Vomiting	Anxiety	Depression

Whole-Person Care	
Care Coordination	Assessing & Supporting the Family Caregiver

Disease Trajectories (Coming 4th Q '16)		
Congestive Heart Failure (CHF)	Chronic Obstructive Pulmonary Disease (COPD)	Dementia

CAPC Curriculum: Symptom Management



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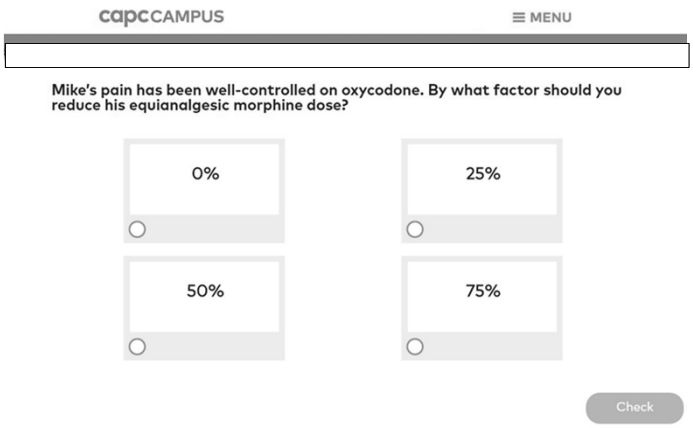
CAPC Curriculum: Pain Management



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>65,000 total course completions in 14 months→ 80% by front line clinicians

"**I am loving the course**. I have an awesome attending physician that has taught me a lot in the past year regarding pain management - the course is not only reinforcing or clarifying material, but I have also learned new things."

"The learning format (quizzes throughout the course content) is very **effective** for me."

"I liked the layout of the communications courses. To present the situation followed by a question and the rationales for the incorrect answers is an **excellent learning strategy**

"**Well constructed training program**. This is an excellent format and review/learning experience."

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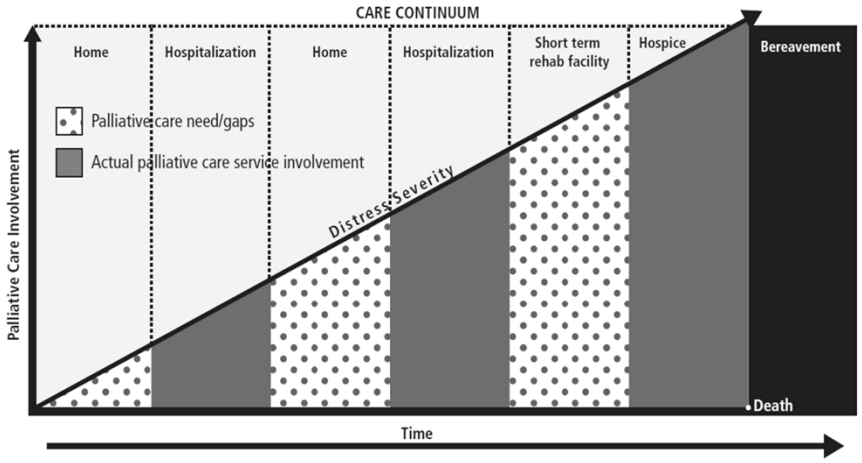
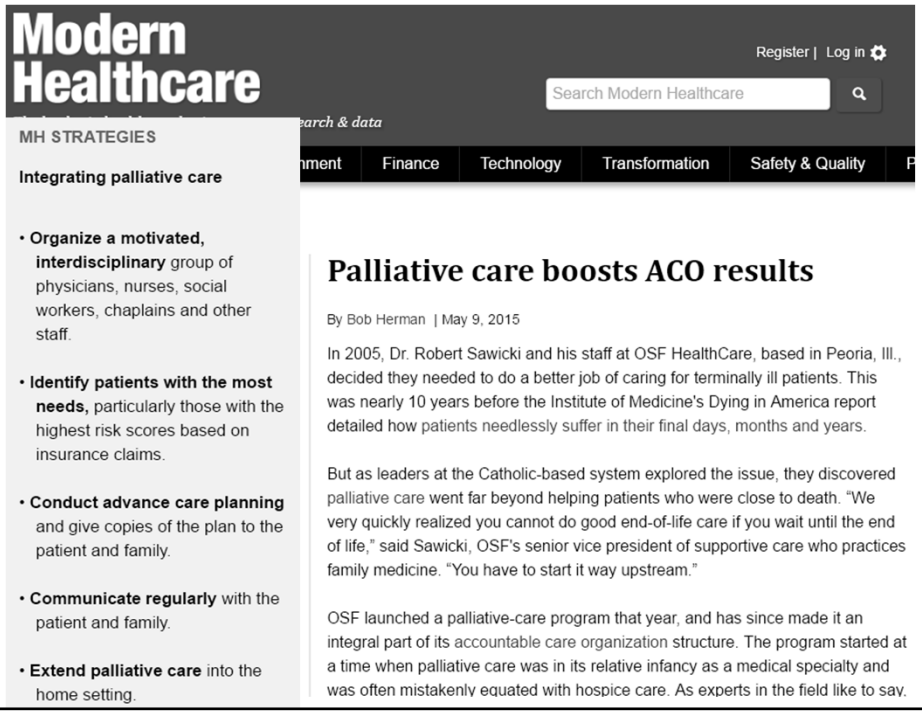
Care gaps in current palliative care delivery models



Kamal et al. Journal of Pain and Symptom Management. 2012. In Press



Case Study of ACO-Palliative Care Integration

➔***Sharp HealthCare in California***

Lots of others, for example:

➔UnityPoint Health System in Iowa

➔ProHealth, NY

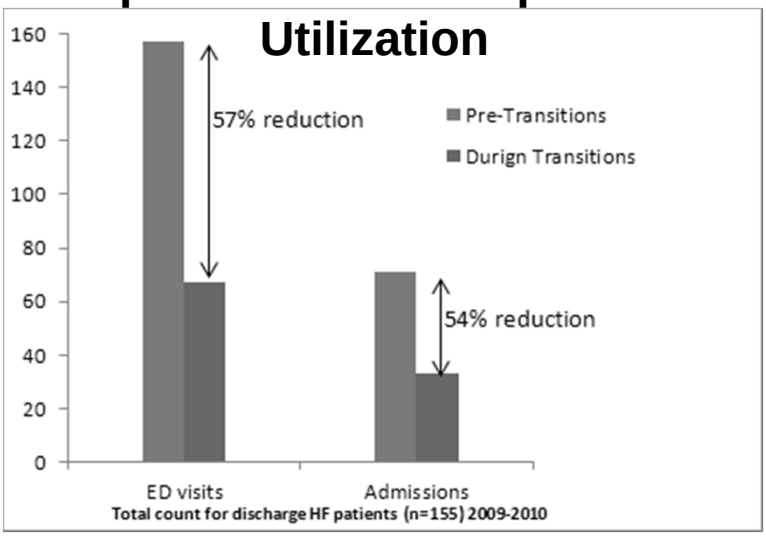
➔Banner Health System

➔OSF System in Illinois

➔Partners Health System in Massachusetts

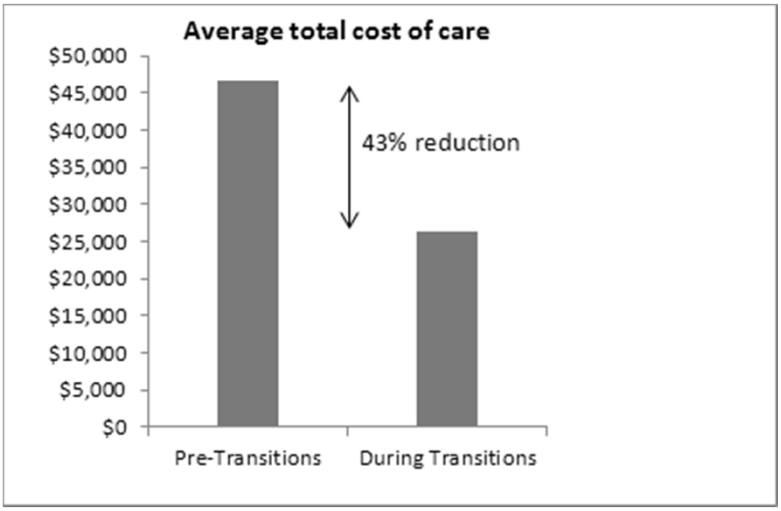
➔@HOMe program in Michigan

Sharp Outcomes: Hospital + ED Utilization



SHARP Hospice Care

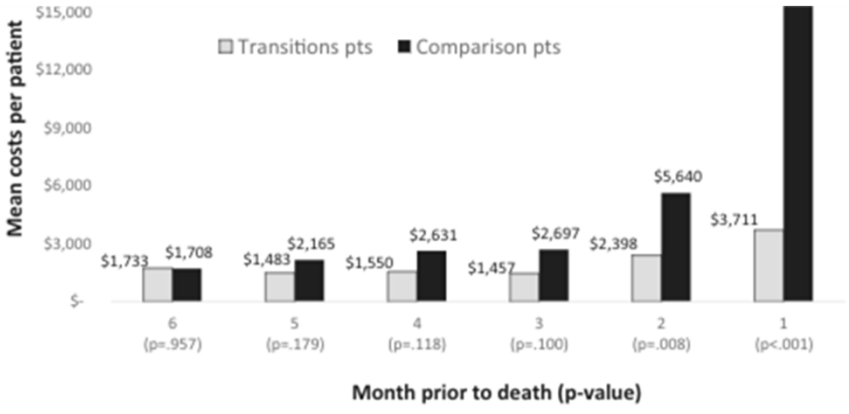
Sharp: Total Cost of Care



SHARP Hospice Care

Impact of home based palliative care in an ACO

Cassel JB et al. JAGS 2016 Sept 2, epub ahead of print.



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Predictors of Impact

Assure inclusion of the model characteristics **consistently linked to success** in these studies:

1. Targeting
2. Goal setting
3. Family and social supports
4. Pain and symptom management
5. Flexible “dosing”

Payers Are Bringing the Care Home

Innovative Payer Toolkit
www.capc.org/payertoolkit

- ➔Predictors of successful payer-ACO-provider initiatives
- ➔https://www.capc.org/payers/palliative-care-payer-provider-toolkit/

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Treating the person beyond the disease.

We have a lot to do, but,

THERE IS REAL PROGRESS

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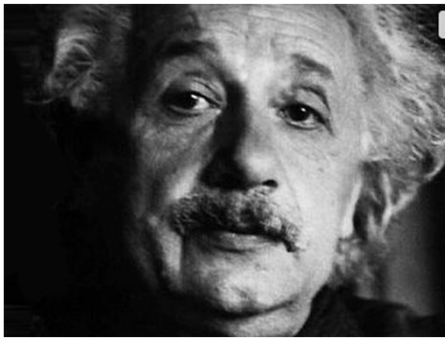
Voices from the 1990's:

Ovarian Cancer and Neuropathic Pain

"I had the most excruciating pain I had ever experienced. The pain medication…did not even begin to penetrate the pain. I thought I was going to die…"

Ferrell et al. JPSM 2003;25:528-38.

"Every day I remind myself that my inner and outer life are based on the labors of other men [and women], living and dead, and that I must exert myself in order to give in the same measure as I have received and am still receiving."



Albert Einstein, 1935
The World As I See It

THANK YOU!!